

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045841

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11785

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

St. Louis

Length of stay in 1b  
45 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE b. COUNTY

Missouri

c. CITY OR TOWN

St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

2926 Madison St

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2926 Madison St

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
FRANK W MURPHY

4. DATE OF DEATH  
Month Day Year  
Nov 25 1963

5. SEX

Male

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-1-1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

8 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Montgomery Ala

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Epps Murphy

13b. MOTHER'S MAIDEN NAME

Nettie Tillman

14. NAME OF HUSBAND OR WIFE

Ada Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Ada Murphy 2926 Madison St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetes Coma

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Diabetes Mellitus

DUE TO (c)

Heart 260X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Abdominal Mass

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 11 to Nov 25 and last saw her alive on Nov 25 1963  
Death occurred at 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
J E Moore MD

22b. ADDRESS  
2330A Franklin

22c. DATE SIGNED  
11/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE  
11-30-63

23c. NAME OF CEMETERY OR CREMATORY  
Greenwood

23d. LOCATION (City, town, or county)  
St. Louis Co MO

24. FUNERAL DIRECTOR ADDRESS

JAS H. RANDLE 3133 Bell Avenue

25. DATE RECD. BY LOCAL REG.

NOV 29 1963

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

188710-1027

2801

8001

810

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Esther A. Harris*

Licensed Embalmer No.

*4458*

P. O. Address

*4181 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.